

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15915

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4172

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3910a Louisiana		d. STREET ADDRESS (If rural, give location) 3910a Louisiana 0	
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Lauth	
c. (Last) Lauth		4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1953	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21, 1903
9. AGE (In years) (Month) (Day) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baker	
11. BIRTHPLACE (State or foreign country) Romania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Lauth		13b. MOTHER'S MAIDEN NAME Katherine Roos	
14. NAME OF HUSBAND OR WIFE Magdalena Lauth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 494-04-2017		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Magdalena Lauth 3910a Louisiana	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of larynx. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 6/10/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of larynx.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 161X		22. I hereby certify that I attended the deceased from 5/27, 1952, to 4/21, 1953, that I last saw the deceased alive on 4/21, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above.	
23a. SIGNATURE J. Earl Smith, M.D.		23b. ADDRESS 814 Olive	
23c. DATE SIGNED 4/22/53		24a. BURIAL, CREMATION, REMOVAL Removal	
24b. DATE 4/24/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
DATE REC'D BY LOCAL REG. APR 22 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Neville D. Tholwetter

Licensed Embalmer No. *3696*

P. O. Address *7027 Grannis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.